

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045889

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

5120

Registrar's No.

713

FILED DEC 26 1962

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Columbia

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Audrain

c. CITY

OR
TOWN

Mexico

Inside Limits

Yes ☒ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Highway 70 East

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS (If outside, give location)

420 N. Western

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

ROBERT

OWEN

GIBONEY

4. DATE OF DEATH

Month

Day

Year

December 18, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-15-1928

9. AGE (last birthday)

34

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

11. BIRTHPLACE (City and state or country)

Fulton, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert B. Giboney

13b. MOTHER'S MAIDEN NAME

May Vandelight

14. NAME OF HUSBAND OR WIFE

Florence Giboney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Mrs. Owen Giboney, Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple extreme injuries of chest and neck.

INTERVAL BETWEEN ONSET AND DEATH

Immediate

CONDITIONS, If any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

One-car accident on Hwy. 70 0.6 mi east of Lake of the Woods overpass.

20c. TIME OF INJURY

Hour

Month, Day, Year

ca 5:00

p.m.

12-18-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Columbia Twp.

Boone

Mo

21. I attended the deceased from

Coroner's case

and last saw him alive on

Death occurred at

ca 5:00 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard E. Johnson, M.D.

22b. ADDRESS

Columbia, Mo

22c. DATE SIGNED

12-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-18-1962

23c. NAME OF CEMETERY OR CREMATORY

Eastlawn Memorial Park

23d. LOCATION (City, town, or county)

Mexico, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Precht-Heuston Funeral Home, Mexico, Mo.

25. DATE RECD. BY LOCAL REG.

Dec 19 1962

26. REGISTRAR'S SIGNATURE

Mrs RE Palmer.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

2

VS 300

Rev. 4/59

10100

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13 3-0

JAN 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tail S. Quah

Licensed Embalmer No. 3189

P. O. Address Metairie, La.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.